LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

Postmark Date: 12

FOR OFFICE USE ONLY

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Ronge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is
- This form must be submitted within 5 days of any changes in your registration.

form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.	AMENDMENT
155	
I. NAME Spradley Thomas J.	1041379
2. BUSINESS PHONE (225) 766-1359 BIGST	1 101.51
3. BUSINESS ADDRESS 11505 Per Kins Rd., SteB., Bater Street and No. City State	Rouge LA 10810
MAILING ADDRESS Some Street and No. City State	<u> </u>
4. EMPLOYER Spradley & Spradley, INC.	Zip
5. EMPLOYER'S ADDRESS Same	
Street and No. City State	Zip
6. Have you cessed or terminated all lobbying activities requiring registration? Yes	No
7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or alimperson, group, or organization listed; (c) the type of business each is engaged in or the purgroup; (d) whether or not the client or someone else pays you to lobby; and (e) the date of	note or fraction of the promination -
1. Name The Cowart Group	- VOLVES
Address 10935 Perkins Road, Ste. A, Bat	on Bouge, LA 70810
Business or purpose	2004
New Representation Does this person pay you? YES	THICG AND
If No, who pays you?	
Terminated Representation as of	TRAILON DE LE CONTRAILOR DE LE CONTRAILO

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

440 Lobbyist's Registration Number

FOR OFFICE USE ONLY

Postmark Date: 2030

3410

Zip

<u>Instructions</u>

· Print in ink or type.

EMPLOYER'S ADDRESS

 Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rooge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.

 This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

2. BUSINESS PHONE (225) 766-1359

3. BUSINESS ADDRESS 11505 Per Kins Rd. SteB Batra Rouge LA 701

Street and No. City State Zip

4. EMPLOYER Spradley i Spradley, INC.

6. Have you ceased or terminated all lobbying activities requiring registration? Yes No L

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating. (b) the address of each such person, group, or organization listed; (c) the type of husiness each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone clse pays you to lobby; and (e) the date of termination if applicable.

1. Name The Cowart Group

Address 10935 Perkins Road, Ste. A, Beton Bouge, LA 70810

Business or purpose

New Representation

Does this person pay you? YES

If No, who pays you?

Teroripated Representation as of

SUPPLEMENTAL REGISTRATION FORM

440 Lobbyist's Registration Number

2.	Name Vending Machine Operators of LA
	Address P.O. Box 363, Alexandria, EA 71301
	Business or purpose Vending
	New Representation Does this person pay you? YES
	If No, who pays you?
	☐ Terminated Representation as of
3.	Name
	Address
	Business or purpose
	New Representation Does this person pay you?
	If No, who pays you?
	Terminated Representation as of

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by the Lobbyist Disclosure Act (LSA-R.S. 24:50 et seq.) has been deliberately omitted.

Signature of Lobby

Form 601, Roy. 10/2002

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2 Name Vending Machine Operators of LA	— 3
Address P.O. Box 363, Alexandria, EA 71301	<u>□</u> 6
Business or purpose	—.y
New Representation Does this person pay you?	
If No, who pays you?	- 8
Terminated Representation as of	
3. Name	
Address	
Business or purpose	ETHICS ACT EANISHED RECE 2004 DEC ~3
New Representation Does this person pay you?	
If No, who pays you?	PHANCE
Terminated Representation as of	33
··	
CERTIFICATION OF ACCURACY	
I hereby certify that the information contained herein is true and correct to the best of	my knowledge,
information, and belief; and that no information required by the Lobbyist Disclosure Act	LSA-R.S. 24:50
et seq.] has been deliberately omitted.	

Signature of Lobbyist

Form \$61, Ren., 10/2002